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CONFIRMATION NO. 6834

<b>SERIAL NUMBER</b> 10/696,667	<b>FILING OR 371(c) DATE</b> 10/29/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> CRD5038
<b>APPLICANTS</b> Mark L. Pomeranz, Davie, FL; <i>fnal</i> Esteban Pino, Tampa, FL;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/30/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <i>Katherine</i> Acknowledged <i>fnal</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 32
				<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> 000027777				
<b>TITLE</b> Expandable stent having removable slat members				
<b>FILING FEE RECEIVED</b> 1588	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	